



Welcome to your U.S. health benefits.

RICEFW Technologies, Inc.- BUY UP 2000 DED



What to expect when you need care.

Welcome to your assignment in the United States. Your UnitedHealthcare Global Insurance plan is designed to get you the health care resources you need, efficiently and simply, during your stay.

The health care system in the United States may be very different from the health care system in your home country. This guide is designed to make your transition easier. Facts and tips are divided into sections that walk you through everything you need to know. We suggest you read through the guide once, and then save it for future reference.

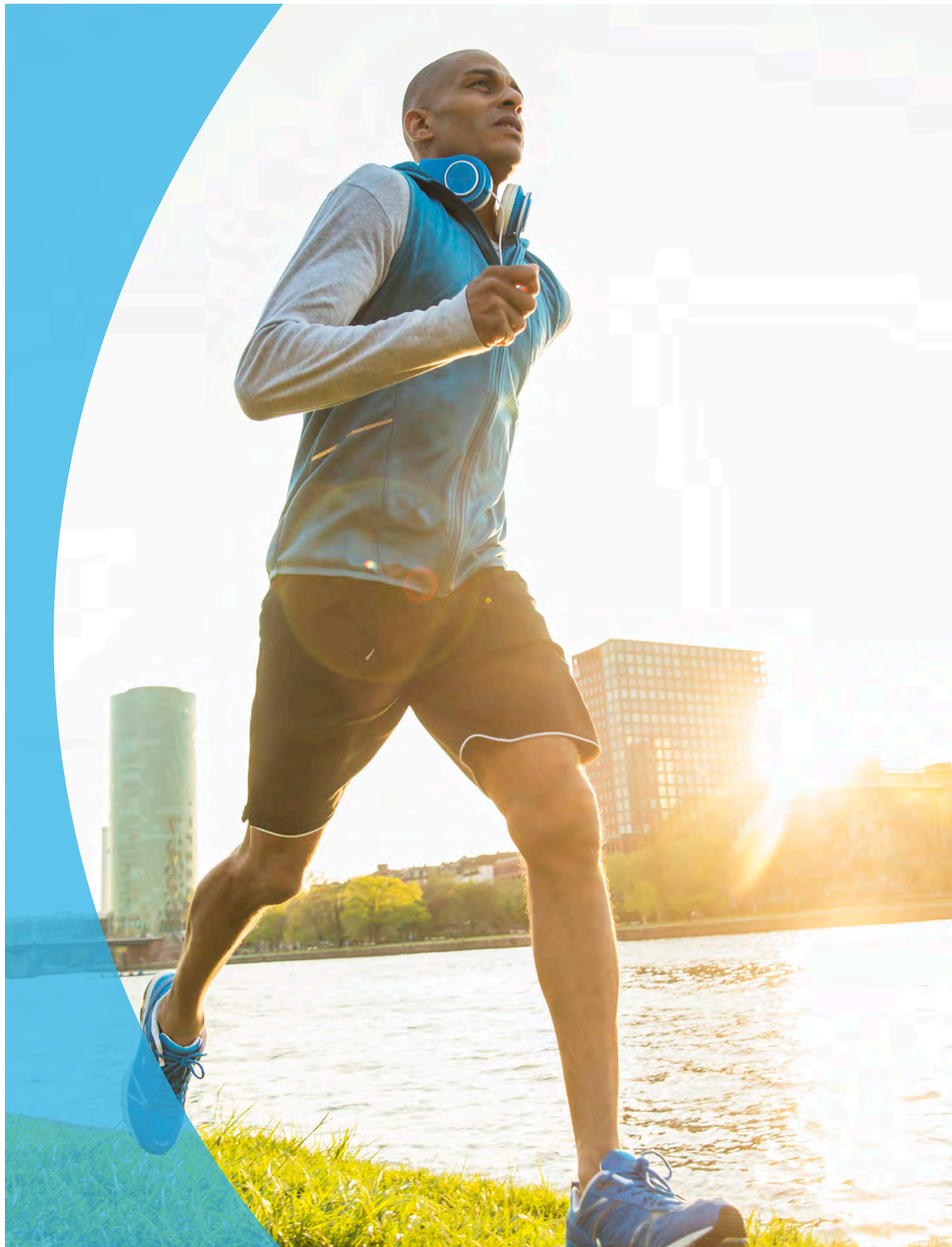
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Call us. We're here to help.

 +1.877.844.0280 or +1.763.274.7362

- Call **Customer Care** to talk with a trained specialist any time, night or day, any day of the year.
- **Multilingual representatives and interpreters are available**, so you can talk with us in the language of your choice.
- We can help you find a health care provider who speaks your preferred language, help you get care, and support you if you are already in the course of receiving care.



1 Get Started

Your expatriate journey

Helping you navigate



Adjusting to life as an expatriate and accessing health care while on assignment can be more challenging than at home. UnitedHealthcare Global is providing this welcome information and additional resources to make sure you have the support you need, every step of the journey. We'll help you navigate the health system in your host country and overcome language or cultural barriers. We're also here to help your covered family members, who may not have made the journey with you.

New expatriate journey

Welcome Call: Your journey begins with a Welcome call. Your Customer Care team invites you to schedule or request a personalized overview of your health benefits, the resources available to you, and all of the ways we can help.

Assignment Readiness: We will provide pre-deployment planning and clinical support to identify any specific needs you may have.

Existing expatriate journey

Continuity of Care: If you are already on assignment, we're here to consult with you and your family to help make sure you can continue to receive appropriate care for any conditions or treatment plan.

Your ID Card: You will receive an ID card, which provides doctors' offices and hospitals with important information regarding your coverage. Take your ID card with you to your health care appointment.

The U.S. Network: We'll help you find doctors, hospitals and retail pharmacies to get the care you and your family needs, anywhere you are.

Customer Care: We're here for you 24/7/365 by phone or through our self-service tools.

Technology Tools: A range of mobile and desktop tools provides you with options for managing your health.

Health Management and Wellness: Members with health conditions or requiring additional support can connect with a clinician or a professional counselor.

Re-integration support: After successfully completing your assignment, we're here to help transition to life and work in your home country.

Common terms

Frequently used words in the U.S. health care system



Claim

A request for payment that a member or health care provider submits to a health insurer when the member receives covered health care services.

Coinsurance

The percentage of costs of a covered health care service a member pays after the deductible has been paid.

Copayment

A copayment, or copay, is a fixed amount you pay for a covered service. It's common to have separate copay rates for different types of care. For example, a visit to your primary care doctor may have a different copay than a visit to a specialist, like a dermatologist. You'll often pay your copay during the time of service.

Date of service

The date health care services took place.

Deductible

The amount a member pays for covered health care services before the insurance plan starts to pay. After a member pays the deductible, usually the member is only responsible for copayment or coinsurance for covered services.

Dependent

A person who relies on an enrollee for financial support and/or receives health coverage through a spouse or a parent who is the enrollee.

Eligibility date

The date a covered person becomes eligible for benefits under an existing health insurance policy.

Enrollee

A person who is enrolled for coverage under a health insurance policy and who is eligible on his or her own behalf (not by virtue of being an eligible dependent) to receive health services under the health insurance policy. Also known as a subscriber.

Exclusions

Specific conditions or circumstances listed in the health insurance policy for which the policy does not offer reimbursement.

Explanation of Benefits (EOB)

The insurance company's written explanation regarding a claim, showing what they paid and what the patient must pay.

Facility

The physical location where health care services are provided, such as a hospital, clinic, emergency room or ambulatory care center.

Member

A person who has been enrolled in a health insurance policy during the reporting period. Members include all people directly enrolled and their eligible dependents. This is also known as covered person and plan participant.

Network

A system of contracted physicians, hospitals and other providers who deliver health care to members. In-network care only applies to providers in the U.S. To find network providers in the U.S., use myuhc.com or call the telephone number on your member ID card.

Out-of-network

Out-of-network, or non-network, refers to U.S. physicians, hospitals or other health care providers who do not participate with UnitedHealthcare as contracted providers. Out-of-network providers have not agreed to accept negotiated prices. If you choose care from an out-of-network provider, health care expenses that you are responsible for paying will likely be higher. In-network and out-of-network care only applies to providers in the U.S.

Prior authorization

Approval from a health insurer that may be required before receiving health care services or filling a prescription in order for the service or prescription to be covered by the health insurance policy.

Provider

A physician, hospital, group practice, nursing home, pharmacy, or any individual or group of individuals who provide a health care service.

Need a different definition?

Customer Care can help explain unfamiliar words that are not included here.



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Your medical ID card, one website, one number to call

Review your medical ID card



Always keep your ID card with you.

Your ID card contains a lot of information about your benefits, so it's important to know what everything means.

- 1. Member ID:** Identifies you as a covered individual and is how we keep track of your benefit usage. When you call Customer Care, you will be asked for this number.
- 2. Group number:** Identifies your employer and the plan you are in.
- 3. Member:** The name of the person who carries the plan.
- 4. Dependents:** Names of everyone covered under the plan.
- 5. Office:** Amount you owe at a primary care physician visit.
- 6. ER:** Amount you owe at an emergency room visit.
- 7. UrgCare:** Amount you owe at a visit to an urgent care center.
- 8. Spec:** Amount you owe at a specialist visit.
- 9. Rx Bin & Rx Grp:** Identifies you as a UnitedHealthcare member for OptumRx prescription drug administration in the U.S.
- 10. www.myuhc.com:** Your member website, where you can manage your benefits.
- 11. +1.877.844.0280:** 24/7 Customer Care number to call



Health Plan

Expatriate Insurance

1	Member ID:	123456789	2	Group Number:	999999
3	Member:	SUBSCRIBER SMITH			
	Dependents:	SPOUSE SMITH			
4		CHILD1 SMITH			
		CHILD2 SMITH			
		CHILD3 SMITH			
	Payer ID	99999			
		9 OPTUMRX			
		Rx Bin: 999999			
		Rx PCN: 9999			
		Rx Grp: UHEALTH			
5	U.S. Copays:	6	ER: \$250		
7	Office: \$25	8	Spec: \$35		
	UrgCare: \$10				

0501 UnitedHealthcare Expat InsuranceChoice Plus
Administered by United Healthcare Services, Inc.

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.

For Members: 10 myuhc.com
Calls Outside U.S.:

11 +1.877.844.0280
+1.763.274.7362

For U.S. Providers: www.UnitedHealthcareOnline.com 877-842-3210
For Non-U.S. Providers: +1 763-274-7362
International Claim Fax: +1 813-877-8167
Medical Claims: PO Box 740111, Atlanta, GA 30374-0111

Pharmacy Claims: PO Box 740111, Atlanta, GA 30374-0111
For U.S. Pharmacists: 888-290-5416

Note that this is a sample ID card image and your own member ID card may differ.

Register at myuhc.com



It's your direct connection, day and night.

Use your secure web portal to find information and tools to help you get the most out of your benefits.

- **See what's covered**
- **Find a network doctor, clinic or hospital**
- **Submit and track claims**
- **Translate medical and pharmacy terms**
- **Get a replacement for your member ID card**
- **And much, much more**

Registration is easy.

Registering at **myuhc.com** will give you one universal login – your HealthSafe ID – that you can use on **myuhc.com**, or on the **UHC Global** smartphone app.

Have your ID card ready (or you can use your Social Security Number if you have one and date of birth) and then:

- 1 Go to www.myuhc.com
- 2 Select Register Now
- 3 Follow the step-by-step instructions - you will be guided along the way with helpful onscreen feedback. Remember to sign up for paperless communications, which allow us to communicate important updates to you via email.

If you have previously registered for myuhc.com as a UnitedHealthcare member, you will need to register again for access to your UnitedHealthcare Global benefits and information.

One password is all you need.

Register at **myuhc.com**, and use the same HealthSafe ID username and password to log in to:

- **myuhc.com** health benefits portal
- **UHC Global** mobile application

Get Started

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Download the UHC Global mobile app

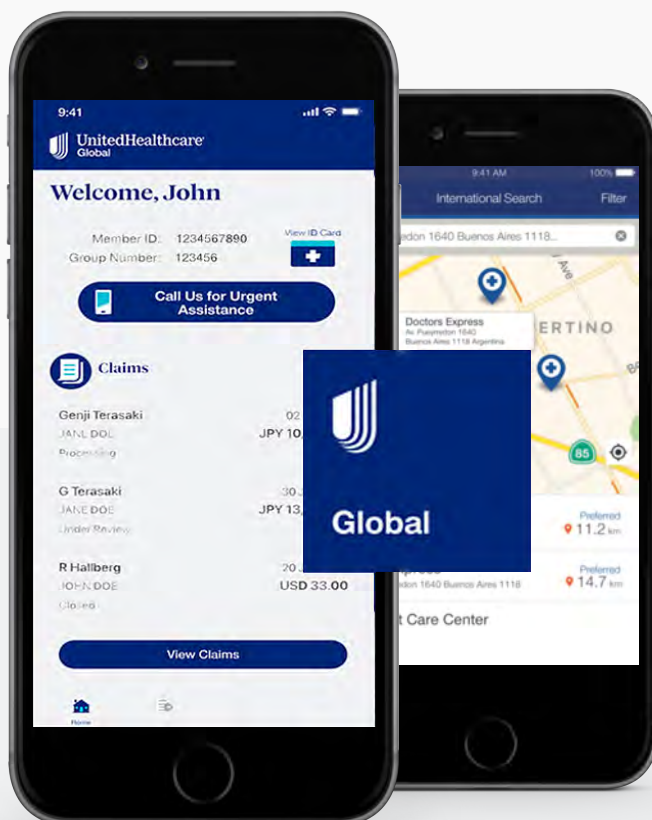


You can do so much with the UHC Global mobile app

With mobile functionality designed especially for expatriates, the UHC Global app travels with you, wherever you are. You can download it from the App Store® or Google Play™.

Use the same credentials you use to log in to myuhc.com. Then:

- **View coverage details for you and your family in one place**
- **Find and locate a global health care provider or facility using the “Find Care” feature**
- **Easily and quickly view your member ID card**
- **Submit medical, dental and vision claims quickly within or outside of the U.S., view submitted claims, and review claims payment status**
- **Access destination security and health care intelligence reports to help you stay informed and prepared**
- **One-click access to customer service**

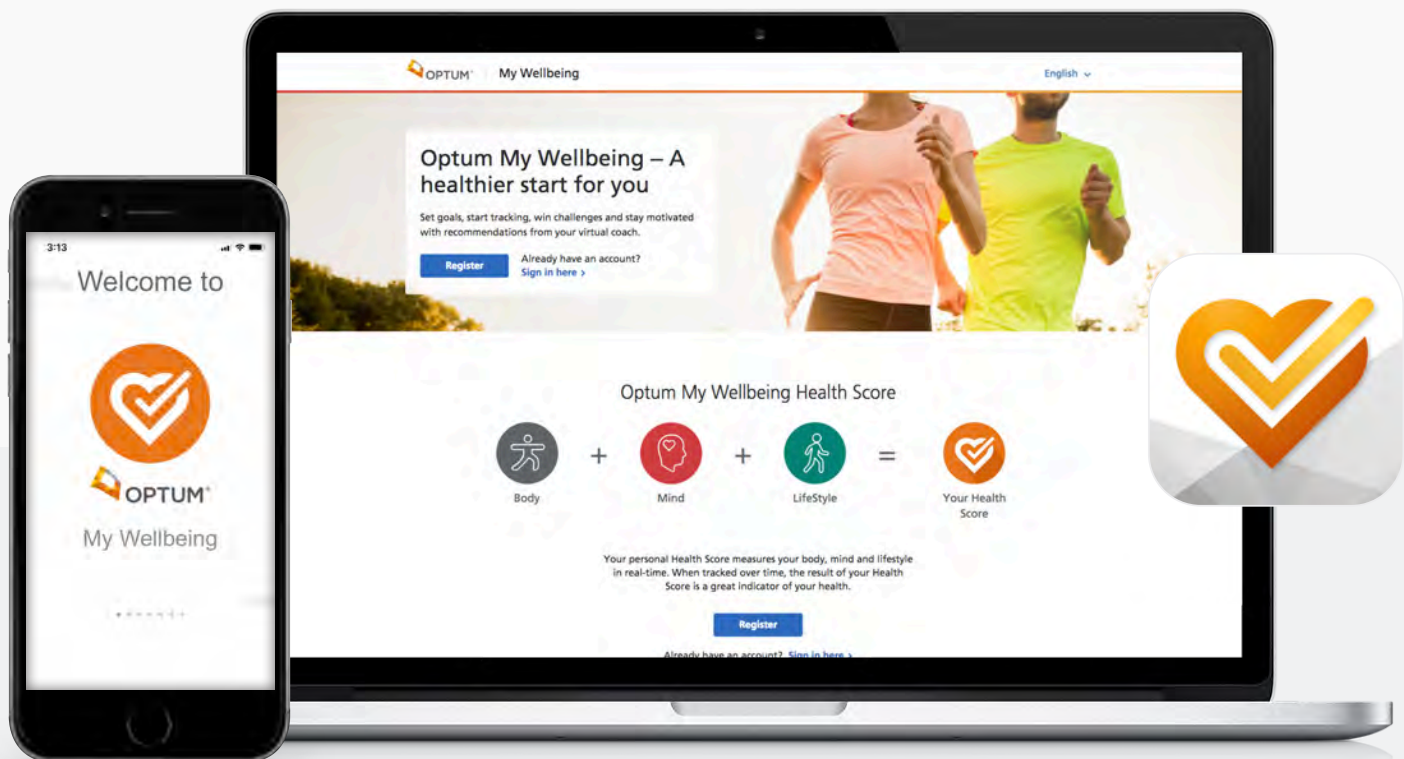
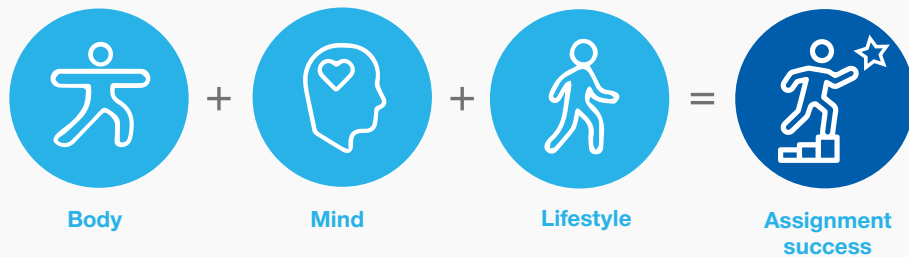


My Wellbeing



For a healthier journey

Take care of yourself - body and mind - with My Wellbeing, a digital health platform provided by Optum®, a UnitedHealth Group® company. My Wellbeing is designed to help you create and sustain positive behavioral changes and inspire the development of healthy habits for life.



Get Started

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My Wellbeing (cont.)



From a mobile or desktop device:

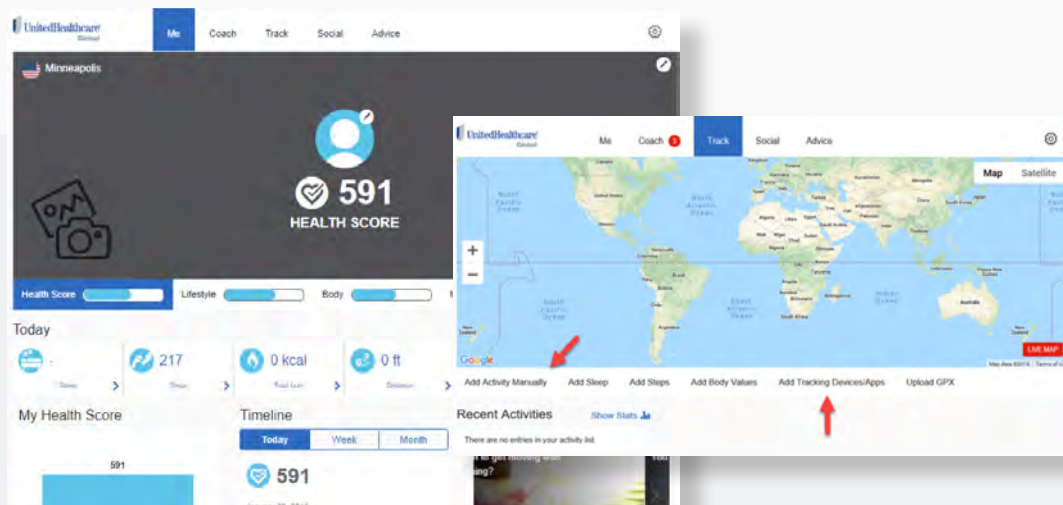
- Determine your Health Score, a dynamic number that measures the current health and well-being of an individual
- Set personalized goals and challenges
- Use the lifestyle navigation tool, the Wheel of Life™, to focus on seven different areas to track your holistic health
- Stay connected with online support groups and receive personal feedback, reminders and suggestions from a digital coach
- Get real-time health and activity tracking results

With the My Wellbeing app, you can also access information on the Employee Assistance Program as well as learn about additional mental and behavioral resources.

Available at mywellbeingsolution.com.

Enter Company Access Code: **uhcglobal**.

Download the **Optum My Wellbeing app** from your favorite app store.



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

A photograph of a man with a shaved head and a goatee, wearing a blue t-shirt and khaki pants, lying on his back on a light-colored wooden floor. He is holding a young child with curly brown hair, wearing an orange and white striped shirt and blue jeans, up in the air with both hands. The child is smiling and looking towards the camera. In the bottom left corner, there is a red toy airplane. The background is a bright, out-of-focus indoor space with large windows. A blue curved graphic element is on the left side of the image, and a white rectangular box containing text is positioned over the man's chest.

**We are dedicated to
helping you find the
care you need.**

Quality care, options for treatment

When you need care



It isn't always easy to find a doctor who is right for you. Using our online tools and information can help you make more confident decisions. In this section, you will find information about how to find care when you need it, as well as the types of care centers available to you.

Things to remember

- **When you get care from doctors who are in the network**, cost sharing and out-of-pocket expenses are usually lower. Emergency health services are paid as in-network benefits.
- **When you get care from providers who are out of the network**, cost sharing and out-of-pocket expenses are usually higher.
- **Always carry your UnitedHealthcare Global member ID card with you.** During your health care appointment, present your member ID card so that the office staff can call UnitedHealthcare Global to confirm your benefits.
- **If it's a health emergency, don't hesitate.** Visit an emergency room or call 911, which is the telephone number used to call for emergency medical assistance wherever you are in the U.S.

Virtual Visits



Seeing a doctor at home and on assignment should be simple. That's why we are pleased to offer Virtual Visits as part of your UnitedHealthcare Global benefits program.

Whenever you need care – day or night – Virtual Visits from UnitedHealthcare Global can be a great option. From treating colds and fevers, to caring for migraines and allergies, use the website or mobile app* to connect with a doctor.

- **Real time visits with medical professionals**
- **Physicians who can diagnose and prescribe***
- **Health care beyond normal clinic hours**
- **More time at work, not time driving to or waiting for an office visit**

Register for Virtual Visits:

Inside the United States visit: uhc.com/virtualvisits

Outside the United States visit: babylonhealth.com/uhcg

Where to go for care

Find a doctor



Your plan gives you access to a network of more than one million doctors, hospitals, clinics and labs in the United States. To find a provider in your location:

- Visit **myuhc.com** and select **Find a Doctor**, OR
- Call **Customer Care: toll-free +1.877.844.0280** or **+1.763.274.7362**

Multilingual Customer Care representatives and interpreter services are available, so you can speak in the language of your choice. We can help you find a health care provider who speaks your preferred language and guide you through the U.S. health care system.

Choosing a primary doctor

Use **myuhc.com** to find network doctors nearby and to review basic information about them. It's a good idea to collect the following information about the doctor you choose and keep it on hand at home.

Office contact information

Phone and fax numbers, office hours, web address, e-mail policy, hours of operation and office location.

Appointments

Hours to call, what happens if you miss an appointment, and whether or not they give estimates of waiting times.

Cost-saving tip:

Use **myuhc.com** to find a doctor in your network.

These doctors have agreed to charge lower prices without diminishing quality of service. If the doctor is not in our network, you may have to pay at the time of service.

Documents

The documents you will need to bring to your appointment, such as a health plan ID card or personal identification.

Prior authorization

Whether you need pre-authorization before seeing this doctor, and the steps you must take to obtain pre-authorization.

Special needs

Whether any special needs, such as physical navigation, hearing or visual impairments or translation, can be accommodated.

Prescriptions

How to get refills, report side effects or change treatment plans.

Make the most of your doctor visits

When you visit, show your member ID card so they know how to bill for their services. During a visit, your primary doctor will:

- Check your health history, family history and medical records
- Deliver preventive and routine care
- Manage your medications
- Refer you to a specialist if you need one

If you are admitted to a hospital

There may come a time when you need to be admitted to a hospital. There are two major types of hospital admission:

Emergent – Usually happens when a patient is seen in the emergency room and is then admitted to the hospital.

Elective – Occurs when a doctor requests that a bed be reserved for a patient on a specific day. The patient checks in at the admissions office and is taken to an assigned room.

Bring these items when you are admitted

- **Your UnitedHealthcare Global member ID card**
- **Personal identification**
- **Emergency contact information** (relatives' or friends' names and phone numbers)

Find Care

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Planning for discharge

- **List of all drug allergies**, including a description of the reaction
- **List of all current medications**, including prescription, over-the-counter, herbal remedies and energy enhancers (or, put them all in a bag and bring them with you)
- **List of medical conditions**
- **List of all prior surgeries**, including minor and elective
- **The names of your primary doctor and any specialists you see**

Your UnitedHealthcare Global case manager can work with your doctor, nurse and you to determine how long you will stay in the hospital. When it's time for discharge, make sure you have answers to these questions.

Home care

Will you need home nursing care or other arrangements?

Therapy

Where will you go to receive rehabilitation?

Medication

- What new medication will you need to take and for how long?
- Are there side effects or interactions with your other medications?
- Does your insurance cover it, do you need prior authorization, and how much will it cost?
- If it's too expensive for you, are there alternatives?

Back to work

- When can you resume your regular activities or return to work?
- Are there limits to what you can do at work or home? (Your doctor should provide a note for your employer regarding any restrictions.)

Follow-up

- Which health care provider do you follow up with and when?
- If you are responsible for scheduling your own follow-up, who do you call?
- What phone numbers do you need?
- On what date is your follow-up visit scheduled?
- Where do you go for the follow-up visit?



In the United States, you have several options for where to get care. Most people choose a primary care doctor to be their regular physician, and with whom they can form a doctor-patient relationship. But there are other options for treatment, depending on the situation. This chart describes the options.

Doctor's office	You need routine care for a current health issue. Your primary doctor knows you and your health history, and can access your medical records, provide preventive and routine care, manage your medications, and refer you to a specialist if needed.	<ul style="list-style-type: none"> • Routine checkups • Immunizations • Preventive services • Manage your general health 	<ul style="list-style-type: none"> • Often requires a copayment and/or coinsurance. See your benefit summary for costs that apply. • Normally requires an appointment • Little wait time with a scheduled appointment
Convenience care clinic	You can't get to your doctor's office, but your condition isn't urgent or an emergency. These clinics are often located in shopping malls, pharmacies or retail stores offering services for minor health conditions. Staffed by nurse practitioners and physician assistants.	<ul style="list-style-type: none"> • Common infections (like strep throat) • Minor skin conditions (like poison ivy) • Flu shots • Pregnancy tests • Minor cuts • Earaches 	<ul style="list-style-type: none"> • Often requires a copayment and/or coinsurance similar to an office visit. See your benefit summary for costs that apply. • Walk-in patients are welcome with no appointment. Wait times can vary.
Urgent care center	You may need care quickly, but it's not an emergency and your primary doctor may not be available. These centers offer treatment for non-life-threatening injuries or illnesses. Staffed by qualified doctors.	<ul style="list-style-type: none"> • Sprains • Strains • Minor broken bones (like a finger) • Minor infections • Minor burns 	<ul style="list-style-type: none"> • Often requires a copayment and/or coinsurance, usually higher than an office visit. See your benefit summary for costs that apply. • Walk-in patients are welcome. Waiting periods may be longer since patients with more urgent needs are seen first.
Emergency room	You need immediate treatment of a very serious or life-threatening condition. Do not ignore an emergency. If a situation seems life-threatening, call 911 or your local emergency number right away.	<ul style="list-style-type: none"> • Heavy bleeding • Large open wounds • Sudden change in vision • Chest pain • Sudden weakness or trouble talking • Major burns • Spinal injury • Severe head injury • Difficulty breathing • Major broken bones 	<ul style="list-style-type: none"> • Often requires a much higher copayment and/or coinsurance. See your benefit summary for costs that apply. • Open 24/7. Waiting periods may be longer because patients with life-threatening emergencies will be treated first.



Safe and easy medication management

Getting your prescriptions



OptumRx is your plan's pharmacy benefits manager and works to offer safe, easy and cost-effective ways for you to get the medication you need. Show your member ID card at retail pharmacies in the U.S. to limit your out-of-pocket expenses.

OptumRx also offers the convenience of receiving prescription medications delivered to your U.S. address. You can order a three-month supply, often with a reduced copayment compared to copay at retail pharmacies. U.S. federal regulations prohibit shipment of prescription medications outside the U.S., Puerto Rico and Guam.

What if the medication name is different?

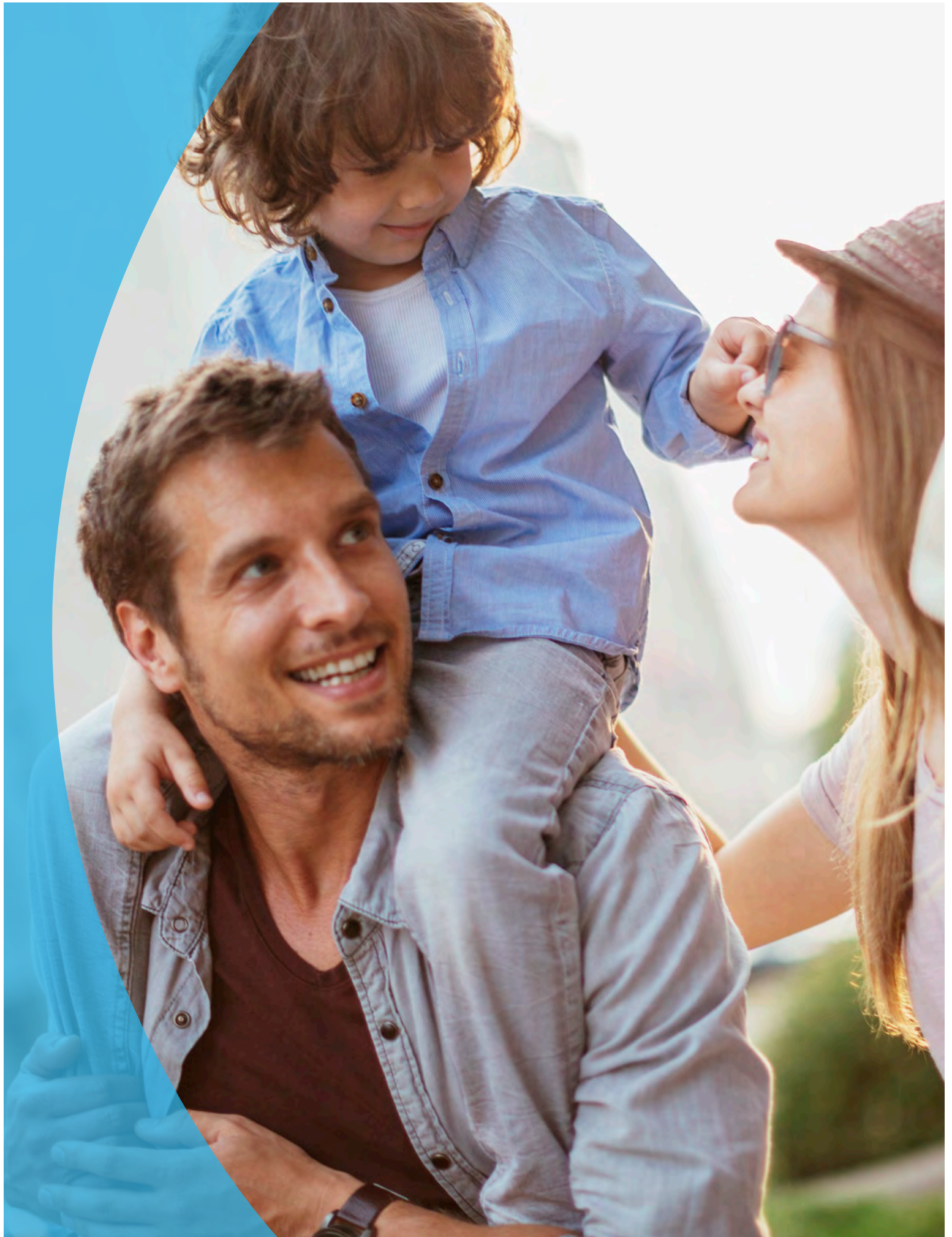
Medication names and strengths can vary from country to country. Visit **myuhc.com** to see drug name translations and get detailed information on medications. Call **Customer Care** at for help in understanding medication differences and your benefits.

Where to find pharmacies

In the U.S., Puerto Rico and Guam, you and covered family members can fill prescriptions at more than 67,000 in-network retail pharmacies. Locate pharmacies at **myuhc.com** or call **Customer Care** for help.

A few things to note:

- Your plan covers prescription medication only. Pharmacy benefits will not apply if your medication is available over-the-counter in the U.S.
- If you can't get a specific medication in another country, there may be a comparable option. Discuss this with your doctor ahead of time so you are prepared.



Health management and wellness services



Living and working in another country can be challenging. You may experience situations you have never had to address before. Our goal is to make sure you have the resources you need to get acclimated to your new environment and to succeed.

Welcome call

You can schedule or request a welcome call from an experienced team member at UnitedHealthcare Global Customer Care. They will give you a short background on UnitedHealthcare and how we can help. They also will confirm or collect your email address so we can connect with you in case we need to reach you during your assignment. This is your time to share any concerns you or your family have while you are on assignment.

Transition of Care

If you are currently undergoing a course of treatment using an out-of-network physician or health care facility in the United States, you may be eligible to receive transition of care Benefits. This transition period is available for specific medical services and for limited periods of time. If you have questions regarding this transition of care reimbursement policy or would like help to find out if you are eligible for transition of care benefits, please call the telephone number on your ID card.

Health Management Program

UnitedHealthcare Global offers the Health Management program to all covered expatriates and their families to help you access the resources you need to manage your health and chronic conditions, whether at home or on global assignment in an unfamiliar location.

Clinicians provide targeted support and assistance and help expatriate families overcome the challenges of accessing care and resources for complex, high risk conditions. These clinicians develop a trusting relationship with program participants, getting to know their case history and needs on a personal level to help members and their families manage their health and successfully complete expatriate assignments.

More Program Details

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The Health Management program is designed and staffed especially for expatriate populations, with focus on alleviating health-related anxieties for members and their families.

The UnitedHealthcare Global clinical team identifies members who may benefit from the Health Management program. Referral sources range from member self identification (i.e. pre-trip planning, continuity of care needs identification, requests for medical assistance) as well as utilization reviews by our clinical team including data indicators.

Clinicians outreach to you and begin to develop in-depth knowledge of your health issues, identify challenges and barriers to care, and develop strategies to optimize health. The cornerstone of this relationship is personal interaction and the development of an ongoing trusting relationship.

The Health Management program helps members with the following chronic conditions and more:

- **Diabetes**
- **Coronary artery disease**
- **Hypertension**
- **Back pain**
- **Asthma**
- **Chronic obstructive pulmonary disease (COPD)**
- **Cancer**
- **Chronic disease**
(i.e. Multiple Sclerosis, Parkinson's, End-Stage Renal Disease, Crohn's)
- **High-risk obstetrics (OB)**
- **Premature infant**
- **Human Immunodeficiency Virus (HIV)**
- **Traumatic brain injury**
- **Stroke**
- **Renal failure/kidney disease**
- **Special needs of children, such as autism**
- **Medication Management**

To enroll in our Health Management program, contact Customer Service using the phone number on the back of your ID card.

International Employee Assistance Program (IEAP)

The challenges you face each day can overwhelm you. Your home life, your happiness and your performance at work all can suffer. We're here to help. Your International Employee Assistance Program provides support for those everyday challenges and for more serious problems. It's available around the clock anytime you need it. Download the My Wellbeing mobile app to access local phone numbers to contact the Employee Assistance Program.

You may be struggling with stress at work, seeking financial or legal advice, or coping with the death of a loved one. Maybe you just want to strengthen your relationship with your family. Your IEAP offers assistance and support for these concerns and more:

- **Depression, anxiety and stress**
- **Substance abuse**
- **Problems or conflicts at work**
- **Parenting and family struggles**
- **Financial or legal issues**
- **Isolation and loneliness**
- **Culture shock**
- **Re-integration support**
- **Legal and financial consulting**

We will not share your personal records with your employer or anyone else without your permission. Information about you and the services you use is confidential in accordance with the applicable laws and regulations.

The service is included in your expatriate medical plan at no cost to you. Depending on your needs, there may be a cost for further help. Any costs will be made clear to you, and you are able to decide whether to proceed. Please refer to your employer benefit plan for further information.

Behavioral Health Services

UnitedHealthcare Global is helping you take steps toward feeling healthier, happier, and more in control of your well-being with behavioral services from Optum's Live and Work Well program.

Benefits include:

- **Access to the latest news, events and library of expert articles and advice**
- **Learn about conditions and issues that may be affecting life**
- **Self-help services**
- **Interactive tools**
- **Talk to a licensed therapist or psychiatrist online**

- **Action-oriented advice**
- **Find a provider**
- **Discover local community and work-life resources**
- **Quickly and confidentially connect to expert guidance regarding conditions and situations**

Live and Work Well program is 100% digital, making it easy, convenient and safe for members to find the support they need to live their best life.

Preventive care services



Your benefits include preventive care services, including routine tests, pre-assignment immunizations, and screenings. Early detection enables doctors to evaluate treatment options and begin therapies that may reduce complications and the risk of disease progression. This chart displays examples of services that are typically covered. Other screenings may also be covered, up to the limit detailed on your schedule of benefits. Subject to usual & customary as well as country-appropriate guidelines. Log in to **myuhc.com** to view your benefits limits or call **Customer Care**.

Service Category	Tests and Examinations	Service Guidelines
Physical Examination	Review analysis of health questionnaire Physical examination by physician Measurement of blood pressure Height and weight Rectal examination	
Blood Test	BUN, Creatinine T-cholesterol, Triglycerides HDL-cholesterol, LDL-cholesterol Glucose, HbA1c Na, K, Cl CBC (complete blood count) Rubella screening	Rubella screening - child-bearing years.
Hepatitis Panel	Hepatitis B & C	
Urinalysis	Ph, specific gravity, protein, ketones, nitrite glucose occult blood, bilirubin, urobilinogen	
Stool Test	Occult Blood in Stool	
Cancer Screening	Pap smear with HPV – preventive – female only	Recommend for women age 21 or older.
	Mammogram screening – female only	
	Prostate specific antigen (PSA) test – male only	Urologic Society screening recommendations for men less than age 70.
	Screening for lung cancer with low-dose computed tomography	Annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
Cancer Screening (Choose only one)	Colonoscopy	Recommended starting at age 40-45 if high risk (a personal history of CRC or adenomatous polyp; a genetic syndrome predisposing to CRC (i.e. hereditary nonpolyposis colorectal cancer (HNPCC); familial adenomatous polyposis (FAP), one or more first-degree relatives with CRC; two or more second-degree relatives with CRC; IBD causing pancolitis or longstanding (>8 to 10 years) active disease; certain other clinical situations (such as a personal history of childhood cancer requiring abdominal radiation therapy).
	Sigmoidoscopy	Age 50-75 years, every 5 years combined with high-sensitivity fecal occult blood testing.
	Fecal Immunochemical Test	Age 50-75 years, yearly.
	Fecal DNA	Age 50-75, every 3 years.

More Program Details



Service Category	Tests and Examinations	Service Guidelines
STD Screening	Chlamydia infection screening Gonorrhea screening HIV screening Syphilis screening HPV (human papilloma virus)	
Behavioral Health Screenings and Counseling	Interventions to reduce alcohol misuse Chemoprevention of breast cancer (counseling) Screening for depression Behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease prevention in adults with cardiovascular risk factors Screening for obesity Behavioral counseling to prevent sexually transmitted infections Counseling and interventions to prevent tobacco use Behavioral counseling to prevent skin cancer Screening for intimate partner violence Counseling regarding prevention of falls in community dwelling adults 65 years or older	
Immunization	Routine immunizations	
Other Screenings and Tests	Abdominal aortic aneurysm (AAA) screening – male only	One-time screening by ultrasonography in men ages 65 to 75 years who have ever smoked.
	Osteoporosis – female only	Women 65 and over.
	Dual energy X-ray absorption for osteoporosis screening – female only	Women 65 years and older or younger women with increased fracture risk.
	Evaluation for BRCA testing and BRCA lab screening – female only	Screening typically offered to women 18+ yrs. who have family members with breast, ovarian, tubal or peritoneal cancer and who have been screened with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes. Family history factors associated with increased likelihood of potentially harmful BRCA mutations include breast cancer diagnosis before age 50, bilateral breast cancer, family history of breast and ovarian cancer, presence of breast cancer in > 1 male family member, multiple cases of breast cancer in the family, >1 or more family members with 2 primary types of BRCA-related cancer, and Ashkenazi Jewish ancestry. Several familial risk stratification tools are available to determine the need for in-depth genetic counseling, such as the Ontario Family History Assessment Tool, Manchester Scoring System, Referral Screening Tool, Pedigree Assessment Tool, and FHS-7. Women with positive family history and positive screening results may receive genetic counseling and if indicated after counseling, BRCA testing. This test may NOT be given to women whose family history is not associated with an increased risk of mutation or who don't have screening associated with increased risk for BRCA mutation. The screening and history may need to be documented before BRCA testing would be allowed.
	Latent TB Screening Latent TB Screening	Recommended for adults and children.

NOTES: Preventive services are those performed on a person who:

1. Has not had the preventive screening done before and does not have symptoms or other studies suggesting abnormalities; or
2. Has had screening done within the recommended interval with the findings considered normal; or
3. Has had diagnostic services results that were normal after which the physician recommendation would be for future preventive screening studies using the preventive services intervals.
4. Has a preventive service done that results in a therapeutic service done at the same encounter and as an integral part of the preventive service (e.g. polyp removal during a preventive colonoscopy). The therapeutic service would still be considered a preventive service.

ANY of the above services MAY be appropriate if the patient has signs or symptoms of disease but then the tests are DIAGNOSTIC not PREVENTIVE and the reason for the test must be given.

[illegible]















5

Reference



Choice Plus plan details, all in one place.

Use this benefit summary to learn more about this plan's benefits, ways you can get help managing costs and how you may get more out of this health plan.

Check out what's included in the plan		Choice Plus
	International and U.S. Network and out-of-network benefits You may receive care and services from network and out-of-network providers and facilities — but staying in the network can help lower your costs.	
	Virtual Visits Talk to a doctor 24/7 who can diagnose and treat a wide range of non-emergency medical conditions, such as colds and rashes.	
	Vision With this plan, you have coverage for an annual eye exam.	
	Preventive care covered at 100% There is no additional cost to you for seeing an International or U.S. network provider for preventive care.	
	Pharmacy benefits With this plan, you have coverage that helps pay for prescription drugs and medications.	
	Evacuation & Repatriation With our program, you are covered for certain assistance benefits and services, including medical evacuations and repatriations.	
	Intelligence The Global Intelligence Center provides real-time, country-specific medical and security details, risks, quality of care assessments, threats and immunizations requirements.	

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Here's a more in-depth look at how Choice Plus works.

Medical Benefits

	International	U.S. Network	U.S. Out-of-Network
Annual Medical Deductible			
Individual	\$2,000	\$2,000	\$4,000
Family	\$4,000	\$4,000	\$8,000

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

Annual Out-of-Pocket Limit			
Individual	\$3,000	\$3,000	\$10,000
Family	\$6,000	\$6,000	\$20,000

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year. Your co-pays, co-insurance and deductibles (including pharmacy) count towards meeting the out-of-pocket limit.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	International	U.S. Network	U.S. Out-of-Network
Preventive Care Services			
Preventive Care Services	No copay	No copay	40%*
<p>Certain preventive care services are provided as specified with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.</p> <p>Includes services such as Routine Wellness Checkups, Immunizations, and Lab and X-ray services for Mammogram, Pap Smear, Prostate and Colorectal Cancer screenings.</p>			
Office Services - Sickness & Injury			
Primary Care Physician	No copay	\$30 copay	40%*
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.</p>			
Specialist	No copay	\$60 copay	40%*
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.</p>			
Urgent Care Center Services	No copay	\$50 copay	40%*
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at the urgent care facility. For example, surgery.</p>			

*After the Annual Medical Deductible has been met.

*Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	International	U.S. Network	U.S. Out-of-Network
Virtual Visits	No copay	No copay	Not covered

Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting us at myuhc.com® or the telephone number on your ID card.

Vision Exams	No copay	\$30 copay	40% *
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Limited to 1 exam every 12 months.

For U.S. Benefits find a listing of Spectera Eyecare Network Vision Care Providers at myuhcvision.com.

Emergency Care

Ambulance Services - Emergency Ambulance	No copay *	No copay *	No copay *
Ambulance Services - Non-Emergency Ambulance ¹	No copay *	No copay *	40% *
Dental Services - Accident Only	No copay *	No copay *	No copay *
Emergency Health Care Services - Outpatient ¹	No copay	\$250 copay	\$250 copay

Inpatient Care

Congenital Heart Disease (CHD) Surgeries ¹	No copay	No copay *	40% *
Hospital - Inpatient Stay ¹	No copay	No copay *	40% *
Habilitative Services - Inpatient ¹	The amount you pay is based on where the covered health care service is provided.		

Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitation Services.

Skilled Nursing Facility/Inpatient Rehabilitation Facility Services ¹	No copay *	No copay *	40% *
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Limited to 120 days per year.

Outpatient Care

Acupuncture Services	No copay	\$30 copay	40% *
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Limited to \$2,500 per year.

Habilitative Services - Outpatient	No copay	\$30 copay	40% *
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For outpatient therapies (physical therapy, occupational therapy, manipulative treatment, speech therapy, post-cochlear implant aural therapy, cognitive therapy), limits will be the same as, and combined with those stated under Rehabilitation Services.

Limits do not apply to Enrolled Dependent Children through 18 years of age who have been diagnosed with Autism Spectrum Disorder.

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	International	U.S. Network	U.S. Out-of-Network
Home Health Care ¹	No copay *	No copay *	40% *
<i>Limited to 120 visits per year.</i>			
<i>One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion.</i>			
Lab, X-Ray and Diagnostic - Outpatient - Lab Testing ¹	No copay	No copay	40% *
<i>Limited to 18 Presumptive Drug Tests per year.</i>			
<i>Limited to 18 Definitive Drug Tests per year.</i>			
Major Diagnostic and Imaging - Outpatient ¹	No copay *	No copay *	40% *
Physician Fees for Surgical and Medical Services	No copay *	No copay *	40% *
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment	No copay	\$30 copay	40% *
<i>Limited to 20 visits of physical therapy per year.</i>			
<i>Limited to 30 visits of post-cochlear implant aural therapy per year.</i>			
<i>Limited to 20 visits of occupational therapy per year.</i>			
<i>Limited to 20 visits of cognitive rehabilitation therapy per year.</i>			
<i>Limited to 36 visits of cardiac rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of speech therapy per year.</i>			
<i>Limited to 20 visits of pulmonary rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of manipulative treatments per year.</i>			
Scopic Procedures - Outpatient Diagnostic and Therapeutic	No copay *	No copay *	40% *
<i>Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.</i>			
<i>When these services are performed for preventive screening purposes, benefits are described under Preventive Care Services.</i>			
Surgery - Outpatient ¹	No copay *	No copay *	40% *
Therapeutic Treatments - Outpatient ¹	No copay *	No copay *	40% *
<i>Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.</i>			
Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing ¹	No copay	No copay	40% *
Supplies and Services			
Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care ¹	The amount you pay is based on where the covered health care service is provided.		

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Diabetes Self-Management Items¹

The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.

Durable Medical Equipment (DME), Orthotics and Supplies¹

No copay*

No copay*

40%*

Limited to a single purchase of a type of DME or orthotic every three years.

Repair and/or replacement of DME or orthotics would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums.

Hearing Aids

No copay*

No copay*

40%*

Limited to a single purchase per hearing impaired ear every three years.

Repair and/or replacement of a hearing aid would apply to this limit in the same manner as a purchase.

Ostomy Supplies

No copay*

No copay*

40%*

Pharmaceutical Products - Outpatient

No copay*

No copay*

40%*

This includes medications given at a doctor's office, or in a covered person's home.

Prosthetic Devices¹

No copay*

No copay*

40%*

Limited to a single purchase of each type of prosthetic device every three years.

Repair and/or replacement of a prosthetic device would apply to this limit in the same manner as a purchase.

Pregnancy

Pregnancy - Maternity Services¹

The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.

Mental Health Care & Substance Related and Addictive Disorder Services

Inpatient¹

No copay*

No copay*

40%*

Outpatient¹

No copay

\$30 copay

40%*

Partial Hospitalization¹

No copay*

No copay*

40%*

Other Services

Antineoplastic Therapy

The amount you pay is based on where the covered health care service is provided.

Breast Cancer Diagnostic Treatment and Rehabilitative Services

The amount you pay is based on where the covered health care service is provided.

Cellular and Gene Therapy¹

The amount you pay is based on where the covered health care service is provided.

Not covered

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Clinical Trials¹

The amount you pay is based on where the covered health care service is provided.

To be a qualifying clinical trial for services outside the United States, a clinical trial must meet all of the criteria as described under Clinical Trials in the Certificate of Coverage.

	International	U.S. Network	U.S. Out-of-Network
Culturally Based Services	No copay*	Benefits are not available	Benefits are not available
Pediatric Dental Anesthesia	The amount you pay is based on where the covered health care service is provided.		
Gender Dysphoria ¹	The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.		
Hospice Care ¹	No copay*	No copay*	40%*
Pain-Evaluation and Treatment ¹	The amount you pay is based on where the covered health care service is provided.		
Reconstructive Procedures ¹	The amount you pay is based on where the covered health care service is provided.		
Temporomandibular Joint (TMJ) Services ¹	The amount you pay is based on where the covered health care service is provided.		
Transplantation Services ¹	The amount you pay is based on where the covered health care service is provided.		Not covered
Wigs	No copay*	No copay*	40%*
<i>Limited to \$600 every 24 months.</i>			

Evacuation and Repatriation Services

Emergency Evacuation ¹	No copay	Benefits are not available	Benefits are not available
<i>Limited to a per diem of \$300 for up to 30 days towards the living expenses incurred by the person(s) accompanying you.</i>			
Emergency Family Reunion ¹	No copay	No copay	Benefits are not available
<i>Limited to a per diem for living expenses for immediate family members of \$300 while the Covered Person is hospitalized up to 30 days.</i>			
Medical Repatriation ¹	No copay	No copay	Benefits are not available
<i>Benefits include Repatriation of Children (under age 18) and adult family members.</i>			
Repatriation of Remains ¹	No copay	No copay	Benefits are not available
<i>Benefits include Return of Children (under age 18) and adult family members.</i>			

International Pharmacy Benefits

Outpatient Prescription Drugs	No copay	Benefits are not available	Benefits are not available
<i>Prescriptions must be paid for out-of-pocket and submitted to us for reimbursement.</i>			

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

U.S. Pharmacy Benefits

Pharmacy Plan Details				
Pharmacy Network		National		
Prescription Drug List		Advantage		
		U.S. In Network and Out of Network		
Annual Pharmacy Deductible				
Individual		You do not have to pay a pharmacy deductible		
Family		You do not have to pay a pharmacy deductible		
Prescription Drug Product Tier Level		Up to a 31-day supply		Up to a 90-day supply
		U.S. Retail Network	U.S. Out-of-Network Pharmacy	U.S. Mail Order Network Pharmacy**
Tier 1 \$		\$15	\$15	\$30
Tier 2 \$\$		\$50	\$50	\$100
Tier 3 \$\$\$		\$75	\$75	\$150

* After the Annual Pharmacy Deductible has been met.

** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits.

For members that need to take their prescription drugs with them outside the United States, up to 365 day supply may be obtained with a prescription from a Network provider. Certain limitations may apply, such as controlled narcotics or drugs with a limited shelf-life.

Other important information about your benefits.

Medical Exclusions

Services your plan generally does NOT cover. It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

- Private-Duty Nursing
- Weight Loss Programs
- Bariatric Surgery
- Long-Term Care
- Cosmetic Surgery
- Infertility Treatment
- Glasses
- Routine Foot Care

Outpatient Prescription Drug Benefits

For Prescription Drug Products dispensed at a retail Network Pharmacy, you are responsible for paying the lowest of the following: 1) The applicable Copayment and/or Coinsurance; 2) The Network Pharmacy's Usual and Customary Charge for the Prescription Drug Product; and 3) The Prescription Drug Charge for that Prescription Drug Product. For Prescription Drug Products from a mail order Network Pharmacy, you are responsible for paying the lower of the following: 1) The applicable Copayment and/or Coinsurance; and 2) The Prescription Drug Charge for that Prescription Drug Product. For an out-of-Network Pharmacy, your reimbursement is based on the Out-of-Network Reimbursement Rate, and you are responsible for the difference between the Out-of-Network Reimbursement Rate and the out-of-Network Pharmacy's Usual and Customary Charge.

See the Copayment and/or Coinsurance stated in the Benefit Information table for amounts. We will not reimburse you for any non-covered drug product.

For a single Copayment and/or Coinsurance, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits based on criteria that we have developed. Supply limits are subject, from time to time, to our review and change.

Specialty Prescription Drug Products supply limits are as written by the provider, up to a consecutive 31-day supply of the Specialty Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits, or as allowed under the Smart Fill Program. Supply limits apply to Specialty Prescription Drug Products obtained at a Preferred Specialty Network Pharmacy, a Non-Preferred Specialty Network Pharmacy, an out-of-Network Pharmacy, a mail order Network Pharmacy or a Designated Pharmacy.

Certain Prescription Drug Products for which Benefits are described under the Prescription Drug Rider are subject to step therapy requirements. In order to receive Benefits for such Prescription Drug Products you must use a different Prescription Drug Product(s) first. You may find out whether a Prescription Drug Product is subject to step therapy requirements by contacting us at myuhc.com or the telephone number on your ID card.

Before certain Prescription Drug Products are dispensed to you, your Physician, your pharmacist or you are required to obtain prior authorization from us or our designee to determine whether the Prescription Drug Product is in accordance with our approved guidelines and it meets the definition of a Covered Health Care Service and is not an Experimental or Investigational or Unproven Service. We may also require you to obtain prior authorization from us or our designee so we can determine whether the Prescription Drug Product, in accordance with our approved guidelines, was prescribed by a Specialist.

If you require certain Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products. If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, you will be subject to the Out-of-Network Benefit for that Prescription Drug Product.

Certain Preventative Care Medications may be covered at zero costshare. You can get more information by contacting us at myuhc.com or the telephone number on your ID card.

Benefits are provided for certain Prescription Drug Products dispensed by a mail order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy. The Outpatient Prescription Drug Schedule of Benefits will tell you how mail order Network Pharmacy and Preferred 90 Day Retail Network Pharmacy supply limits apply. Please contact us at myuhc.com or the telephone number on your ID card to find out if Benefits are provided for your Prescription Drug Product and for information on how to obtain your Prescription Drug Product through a mail order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy.

Other important information about your benefits.

Pharmacy Exclusions

The following exclusions apply. In addition see your Pharmacy Rider and SBN for additional exclusions and limitations that may apply.

- Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
- Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare).
- Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.
- Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.
- Experimental or Investigational or Unproven Services and medications.
- Any product dispensed for the purpose of appetite suppression or weight loss.
- A Pharmaceutical Product for which Benefits are provided in your Certificate.
- Durable Medical Equipment, including insulin pumps and related supplies for the management and treatment of diabetes, for which Benefits are provided in your Certificate. Prescribed and non-prescribed outpatient supplies. This does not apply to diabetic supplies and inhaler spacers specifically stated as covered.
- General vitamins, except Prenatal vitamins, vitamins with fluoride, and single entity vitamins when accompanied by a Prescription Order or Refill.
- Medications used for cosmetic purposes.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Care Service.
- Prescription Drug Products when prescribed to treat infertility unless required by state law.
- Certain Prescription Drug Products for tobacco cessation.
- Certain compounded drugs.
- Drugs available over-the-counter.
- Certain New Prescription Drug Products and/or new dosage forms until the date they are reviewed and placed on a tier by our PDL Management Committee.
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, and prescription medical food products even when used for the treatment of Sickness or Injury, except as required by state mandate.
- Prescription Drug Products designed to adjust sleep schedules, such as for jet lag or shift work.
- Prescription Drug Products when prescribed as sleep aids.
- Certain Prescription Drug Products for which there are Therapeutically Equivalent alternatives available.
- A Prescription Drug Product with either: an approved biosimilar, a biosimilar and Therapeutically Equivalent to another covered Prescription Drug Product.
- Diagnostic kits and products.
- Publicly available software applications and/or monitors that may be available with or without a Prescription Order or Refill.
- Certain Prescription Drug Products that are FDA approved as a package with a device or application, including smart package sensors and/or embedded drug sensors.

UnitedHealthcare does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator

UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services,
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어 (**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

توضيح: خدمات الترجمة متاحة للأشخاص الذين يتحدثون اللغة العربية (**Arabic**)، دون مقابل. يرجى الاتصال بالرقم المجاني المذكور على بطاقة هويتك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (**Italian**), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (**Hmong**), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ΠΡΟΣΟΧΗ : Αν μιλάτε Ελληνικά (**Greek**), υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό που θα βρείτε στην κάρτα ταυτότητας μέλους.

PAKDAAR: Nu saritaem ti Ilocano (**Ilocano**), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍI BAA' ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'odí ninaaltsoos nítł'izi bee nééhozinígíí bine'déé' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

OGOW: Haddii aad ku hadasho Soomaali (**Somali**), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

ગુજરાતી (Gujarati): ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વગરના મૂલ્યે પ્રાપ્ય છે. મહેરબાની કરી તમારા આઈડી કાર્ડની સૂચિ પર આપેલા સભ્ય માટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.

UnitedHealthcare Global Expatriate Insurance Claim Form

Return this form with a copy of the bill(s) or receipt(s) online, via mobile app, fax or mail.

Claim Type(s): ☐ Medical ☐ Dental ☐ Vision ☐ Pharmacy/Rx

Online

www.myuhc.com

Mobile

Download the UHC Global
mobile app

Fax

+1-877-370-4150
+1-813-870-0796

Mail

UnitedHealthcare Global
PO Box 740111
Atlanta, GA 30374-0111

Please complete all sections of this claim form.

Claims may be delayed if all sections of this form are not completed. However, this does not guarantee that additional information will not be requested from you to process the claim. You will be notified should additional information be required.

In order to be considered for payment:

International: Filing deadline is 365 days from the date of service.

U.S.: Please refer to your Certificate of Coverage document in www.myuhc.com. If you receive services from a U.S. in-network provider with reimbursement paid directly to the provider, filing deadline is subject to the provider's filing limit.

Please complete a new and separate claim form for:

- Each patient
- Each currency type
- Each inpatient hospital stay
- Each different health care provider (unless multiple invoices with provider information are attached)

Questions? Call Customer Care: +1-877-844-0280 OR +1-763-274-7362

UnitedHealthcare Global will accept calls from a relay service for the hearing impaired.

Section 1 – Patient Information

Member ID

Group Number

Name (Last, First, MI) _____ Date of Birth / / (mm/dd/yyyy)

Gender: ☐ Male ☐ Female

Relationship to Subscriber/Policyholder: ☐ Subscriber/Policyholder ☐ Spouse/Partner ☐ Child ☐ Other Dependent

Phone Number _____ Email Address _____

Street _____ Town/City _____

Region/State _____ Country _____ Postal Code _____

Is the patient covered under another insurance health plan? ☐ Yes ☐ No If Yes: Name address and phone number of other insurance carrier:

Section 2 – Member Reimbursement Options

(Visit www.myuhc.com to verify and securely update your banking and currency preference.)

Note: If no selection is made, reimbursement will be via a U.S. dollar check.

☐ Use previously provided banking details* ☐ Payment by check ☐ Electronic funds transfer payment

☐ One time reimbursement request (policy holder and dependents 18 years of age older)

*Please check current payment preference on file prior to selection

Bank Name _____ Account Name/Payee _____

Bank Branch Address _____

Local ID or Passport (as applicable) _____ SWIFT/BIC Code _____ IBAN _____

Beneficiary Bank Routing/Sort Code _____ Account Number _____

Would you like to keep the banking details above on file for future reimbursements? (This option is only available to policy holders.) ☐ Yes ☐ No

Section 3 – Claim Information

Provider/Facility Name _____

Provider/Facility Full Address _____

Provider Phone Number _____ Email Address _____

Where did the treatment take place? City _____ Country _____

Type of Treatment	Diagnosis/Description of Illness or Accident	Date of Service (mm/dd/yy)	Amount Billed	Currency

Are the services provided related to an accident? ☐ Yes ☐ No

(mm/dd/yyyy)

Type of Accident ☐ Work ☐ Auto ☐ Other _____ Date of Accident

 /

 /

I authorize my physician to release medical information and records necessary to process this claim.

(mm/dd/yyyy)

Signature _____ Date

 /

 /

Patient Signature (or Legal Representative)

By signing below, I am stating that the information above is correct. Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information, may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature _____

Print Name _____

Member/Legal Guardian

Signature of Minor Member or Member's Representative

Relationship to Member _____

Date

 /

 /

 (mm/dd/yyyy)

Please maintain a copy of this document for your records.

Here's the fine print

Privacy practices overview

To protect your privacy, UnitedHealthcare Global follows rules for how we use and share your information. In addition, you have certain rights for managing your private information. To view the full Notice of Privacy Practices, visit myuhc.com > Coverage & Benefits to access your Coverage Documents under Documents & Notices. To request a printed copy, call Customer Service at the member phone number on your health plan ID card.

We may use and share your information as we:

- Help manage your health care treatment
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests, and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared
- your information
- Get a copy of the privacy notice
- Choose someone to act for you

To exercise your rights, or if you believe your privacy rights have been violated, call the phone number on your ID card or send a written notice to:

UnitedHealthcare
Customer Service — Privacy Unit
P.O. Box 740815
Atlanta, GA 30374-0815

Contact us:

When you need help, our multilingual Customer Care Center is here to support you.



PHONE:

+1.877.844.0280 or +1.763.274.7362



EMAIL:

Visit myuhc.com

Select > Expatriate Insurance > Contact Us















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11/21 MBR-C-8951



Choice Plus plan details, all in one place.

Use this benefit summary to learn more about this plan's benefits, ways you can get help managing costs and how you may get more out of this health plan.

Check out what's included in the plan		Choice Plus
	International and U.S. Network and out-of-network benefits You may receive care and services from network and out-of-network providers and facilities — but staying in the network can help lower your costs.	
	Virtual Visits Talk to a doctor 24/7 who can diagnose and treat a wide range of non-emergency medical conditions, such as colds and rashes.	
	Vision With this plan, you have coverage for an annual eye exam.	
	Preventive care covered at 100% There is no additional cost to you for seeing an International or U.S. network provider for preventive care.	
	Pharmacy benefits With this plan, you have coverage that helps pay for prescription drugs and medications.	
	Evacuation & Repatriation With our program, you are covered for certain assistance benefits and services, including medical evacuations and repatriations.	
	Intelligence The Global Intelligence Center provides real-time, country-specific medical and security details, risks, quality of care assessments, threats and immunizations requirements.	

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Here's a more in-depth look at how Choice Plus works.

Medical Benefits

	International	U.S. Network	U.S. Out-of-Network
Annual Medical Deductible			
Individual	\$2,000	\$2,000	\$4,000
Family	\$4,000	\$4,000	\$8,000

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

Annual Out-of-Pocket Limit			
Individual	\$3,000	\$3,000	\$10,000
Family	\$6,000	\$6,000	\$20,000

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year. Your co-pays, co-insurance and deductibles (including pharmacy) count towards meeting the out-of-pocket limit.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	International	U.S. Network	U.S. Out-of-Network
Preventive Care Services			
Preventive Care Services	No copay	No copay	40%*
<p>Certain preventive care services are provided as specified with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.</p> <p>Includes services such as Routine Wellness Checkups, Immunizations, and Lab and X-ray services for Mammogram, Pap Smear, Prostate and Colorectal Cancer screenings.</p>			
Office Services - Sickness & Injury			
Primary Care Physician	No copay	\$30 copay	40%*
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.</p>			
Specialist	No copay	\$60 copay	40%*
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.</p>			
Urgent Care Center Services	No copay	\$50 copay	40%*
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at the urgent care facility. For example, surgery.</p>			

*After the Annual Medical Deductible has been met.

*Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	International	U.S. Network	U.S. Out-of-Network
Virtual Visits	No copay	No copay	Not covered

Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting us at myuhc.com® or the telephone number on your ID card.

Vision Exams	No copay	\$30 copay	40% *
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Limited to 1 exam every 12 months.

For U.S. Benefits find a listing of Spectera Eyecare Network Vision Care Providers at myuhcvision.com.

Emergency Care

Ambulance Services - Emergency Ambulance	No copay *	No copay *	No copay *
Ambulance Services - Non-Emergency Ambulance ¹	No copay *	No copay *	40% *
Dental Services - Accident Only	No copay *	No copay *	No copay *
Emergency Health Care Services - Outpatient ¹	No copay	\$250 copay	\$250 copay

Inpatient Care

Congenital Heart Disease (CHD) Surgeries ¹	No copay	No copay *	40% *
Hospital - Inpatient Stay ¹	No copay	No copay *	40% *
Habilitative Services - Inpatient ¹	The amount you pay is based on where the covered health care service is provided.		

Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitation Services.

Skilled Nursing Facility/Inpatient Rehabilitation Facility Services ¹	No copay *	No copay *	40% *
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Limited to 120 days per year.

Outpatient Care

Acupuncture Services	No copay	\$30 copay	40% *
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Limited to \$2,500 per year.

Habilitative Services - Outpatient	No copay	\$30 copay	40% *
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For outpatient therapies (physical therapy, occupational therapy, manipulative treatment, speech therapy, post-cochlear implant aural therapy, cognitive therapy), limits will be the same as, and combined with those stated under Rehabilitation Services.

Limits do not apply to Enrolled Dependent Children through 18 years of age who have been diagnosed with Autism Spectrum Disorder.

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	International	U.S. Network	U.S. Out-of-Network
Home Health Care ¹	No copay *	No copay *	40% *
<i>Limited to 120 visits per year.</i>			
<i>One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion.</i>			
Lab, X-Ray and Diagnostic - Outpatient - Lab Testing ¹	No copay	No copay	40% *
<i>Limited to 18 Presumptive Drug Tests per year.</i>			
<i>Limited to 18 Definitive Drug Tests per year.</i>			
Major Diagnostic and Imaging - Outpatient ¹	No copay *	No copay *	40% *
Physician Fees for Surgical and Medical Services	No copay *	No copay *	40% *
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment	No copay	\$30 copay	40% *
<i>Limited to 20 visits of physical therapy per year.</i>			
<i>Limited to 30 visits of post-cochlear implant aural therapy per year.</i>			
<i>Limited to 20 visits of occupational therapy per year.</i>			
<i>Limited to 20 visits of cognitive rehabilitation therapy per year.</i>			
<i>Limited to 36 visits of cardiac rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of speech therapy per year.</i>			
<i>Limited to 20 visits of pulmonary rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of manipulative treatments per year.</i>			
Scopic Procedures - Outpatient Diagnostic and Therapeutic	No copay *	No copay *	40% *
<i>Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.</i>			
<i>When these services are performed for preventive screening purposes, benefits are described under Preventive Care Services.</i>			
Surgery - Outpatient ¹	No copay *	No copay *	40% *
Therapeutic Treatments - Outpatient ¹	No copay *	No copay *	40% *
<i>Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.</i>			
Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing ¹	No copay	No copay	40% *
Supplies and Services			
Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care ¹	The amount you pay is based on where the covered health care service is provided.		

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Diabetes Self-Management Items¹

The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.

Durable Medical Equipment (DME), Orthotics and Supplies¹

No copay*

No copay*

40%*

Limited to a single purchase of a type of DME or orthotic every three years.

Repair and/or replacement of DME or orthotics would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums.

Hearing Aids

No copay*

No copay*

40%*

Limited to a single purchase per hearing impaired ear every three years.

Repair and/or replacement of a hearing aid would apply to this limit in the same manner as a purchase.

Ostomy Supplies

No copay*

No copay*

40%*

Pharmaceutical Products - Outpatient

No copay*

No copay*

40%*

This includes medications given at a doctor's office, or in a covered person's home.

Prosthetic Devices¹

No copay*

No copay*

40%*

Limited to a single purchase of each type of prosthetic device every three years.

Repair and/or replacement of a prosthetic device would apply to this limit in the same manner as a purchase.

Pregnancy

Pregnancy - Maternity Services¹

The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.

Mental Health Care & Substance Related and Addictive Disorder Services

Inpatient¹

No copay*

No copay*

40%*

Outpatient¹

No copay

\$30 copay

40%*

Partial Hospitalization¹

No copay*

No copay*

40%*

Other Services

Antineoplastic Therapy

The amount you pay is based on where the covered health care service is provided.

Breast Cancer Diagnostic Treatment and Rehabilitative Services

The amount you pay is based on where the covered health care service is provided.

Cellular and Gene Therapy¹

The amount you pay is based on where the covered health care service is provided.

Not covered

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Clinical Trials¹

The amount you pay is based on where the covered health care service is provided.

To be a qualifying clinical trial for services outside the United States, a clinical trial must meet all of the criteria as described under Clinical Trials in the Certificate of Coverage.

	International	U.S. Network	U.S. Out-of-Network
Culturally Based Services	No copay*	Benefits are not available	Benefits are not available
Pediatric Dental Anesthesia	The amount you pay is based on where the covered health care service is provided.		
Gender Dysphoria ¹	The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.		
Hospice Care ¹	No copay*	No copay*	40%*
Pain-Evaluation and Treatment ¹	The amount you pay is based on where the covered health care service is provided.		
Reconstructive Procedures ¹	The amount you pay is based on where the covered health care service is provided.		
Temporomandibular Joint (TMJ) Services ¹	The amount you pay is based on where the covered health care service is provided.		
Transplantation Services ¹	The amount you pay is based on where the covered health care service is provided.		Not covered
Wigs	No copay*	No copay*	40%*
<i>Limited to \$600 every 24 months.</i>			

Evacuation and Repatriation Services

Emergency Evacuation ¹	No copay	Benefits are not available	Benefits are not available
<i>Limited to a per diem of \$300 for up to 30 days towards the living expenses incurred by the person(s) accompanying you.</i>			
Emergency Family Reunion ¹	No copay	No copay	Benefits are not available
<i>Limited to a per diem for living expenses for immediate family members of \$300 while the Covered Person is hospitalized up to 30 days.</i>			
Medical Repatriation ¹	No copay	No copay	Benefits are not available
<i>Benefits include Repatriation of Children (under age 18) and adult family members.</i>			
Repatriation of Remains ¹	No copay	No copay	Benefits are not available
<i>Benefits include Return of Children (under age 18) and adult family members.</i>			

International Pharmacy Benefits

Outpatient Prescription Drugs	No copay	Benefits are not available	Benefits are not available
<i>Prescriptions must be paid for out-of-pocket and submitted to us for reimbursement.</i>			

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

U.S. Pharmacy Benefits

Pharmacy Plan Details			
Pharmacy Network		National	
Prescription Drug List		Advantage	
		U.S. In Network and Out of Network	
Annual Pharmacy Deductible			
Individual		You do not have to pay a pharmacy deductible	
Family		You do not have to pay a pharmacy deductible	
Prescription Drug Product Tier Level	Up to a 31-day supply		Up to a 90-day supply
	U.S. Retail Network	U.S. Out-of-Network Pharmacy	U.S. Mail Order Network Pharmacy**
Tier 1 \$	\$15	\$15	\$30
Tier 2 \$\$	\$50	\$50	\$100
Tier 3 \$\$\$	\$75	\$75	\$150

* After the Annual Pharmacy Deductible has been met.

** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits.

For members that need to take their prescription drugs with them outside the United States, up to 365 day supply may be obtained with a prescription from a Network provider. Certain limitations may apply, such as controlled narcotics or drugs with a limited shelf-life.

Other important information about your benefits.

Medical Exclusions

Services your plan generally does NOT cover. It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

- Private-Duty Nursing
- Weight Loss Programs
- Bariatric Surgery
- Long-Term Care
- Cosmetic Surgery
- Infertility Treatment
- Glasses
- Routine Foot Care

Outpatient Prescription Drug Benefits

For Prescription Drug Products dispensed at a retail Network Pharmacy, you are responsible for paying the lowest of the following: 1) The applicable Copayment and/or Coinsurance; 2) The Network Pharmacy's Usual and Customary Charge for the Prescription Drug Product; and 3) The Prescription Drug Charge for that Prescription Drug Product. For Prescription Drug Products from a mail order Network Pharmacy, you are responsible for paying the lower of the following: 1) The applicable Copayment and/or Coinsurance; and 2) The Prescription Drug Charge for that Prescription Drug Product. For an out-of-Network Pharmacy, your reimbursement is based on the Out-of-Network Reimbursement Rate, and you are responsible for the difference between the Out-of-Network Reimbursement Rate and the out-of-Network Pharmacy's Usual and Customary Charge.

See the Copayment and/or Coinsurance stated in the Benefit Information table for amounts. We will not reimburse you for any non-covered drug product.

For a single Copayment and/or Coinsurance, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits based on criteria that we have developed. Supply limits are subject, from time to time, to our review and change.

Specialty Prescription Drug Products supply limits are as written by the provider, up to a consecutive 31-day supply of the Specialty Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits, or as allowed under the Smart Fill Program. Supply limits apply to Specialty Prescription Drug Products obtained at a Preferred Specialty Network Pharmacy, a Non-Preferred Specialty Network Pharmacy, an out-of-Network Pharmacy, a mail order Network Pharmacy or a Designated Pharmacy.

Certain Prescription Drug Products for which Benefits are described under the Prescription Drug Rider are subject to step therapy requirements. In order to receive Benefits for such Prescription Drug Products you must use a different Prescription Drug Product(s) first. You may find out whether a Prescription Drug Product is subject to step therapy requirements by contacting us at myuhc.com or the telephone number on your ID card.

Before certain Prescription Drug Products are dispensed to you, your Physician, your pharmacist or you are required to obtain prior authorization from us or our designee to determine whether the Prescription Drug Product is in accordance with our approved guidelines and it meets the definition of a Covered Health Care Service and is not an Experimental or Investigational or Unproven Service. We may also require you to obtain prior authorization from us or our designee so we can determine whether the Prescription Drug Product, in accordance with our approved guidelines, was prescribed by a Specialist.

If you require certain Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products. If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, you will be subject to the Out-of-Network Benefit for that Prescription Drug Product.

Certain Preventative Care Medications may be covered at zero costshare. You can get more information by contacting us at myuhc.com or the telephone number on your ID card.

Benefits are provided for certain Prescription Drug Products dispensed by a mail order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy. The Outpatient Prescription Drug Schedule of Benefits will tell you how mail order Network Pharmacy and Preferred 90 Day Retail Network Pharmacy supply limits apply. Please contact us at myuhc.com or the telephone number on your ID card to find out if Benefits are provided for your Prescription Drug Product and for information on how to obtain your Prescription Drug Product through a mail order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy.

Other important information about your benefits.

Pharmacy Exclusions

The following exclusions apply. In addition see your Pharmacy Rider and SBN for additional exclusions and limitations that may apply.

- Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
- Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare).
- Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.
- Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.
- Experimental or Investigational or Unproven Services and medications.
- Any product dispensed for the purpose of appetite suppression or weight loss.
- A Pharmaceutical Product for which Benefits are provided in your Certificate.
- Durable Medical Equipment, including insulin pumps and related supplies for the management and treatment of diabetes, for which Benefits are provided in your Certificate. Prescribed and non-prescribed outpatient supplies. This does not apply to diabetic supplies and inhaler spacers specifically stated as covered.
- General vitamins, except Prenatal vitamins, vitamins with fluoride, and single entity vitamins when accompanied by a Prescription Order or Refill.
- Medications used for cosmetic purposes.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Care Service.
- Prescription Drug Products when prescribed to treat infertility unless required by state law.
- Certain Prescription Drug Products for tobacco cessation.
- Certain compounded drugs.
- Drugs available over-the-counter.
- Certain New Prescription Drug Products and/or new dosage forms until the date they are reviewed and placed on a tier by our PDL Management Committee.
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, and prescription medical food products even when used for the treatment of Sickness or Injury, except as required by state mandate.
- Prescription Drug Products designed to adjust sleep schedules, such as for jet lag or shift work.
- Prescription Drug Products when prescribed as sleep aids.
- Certain Prescription Drug Products for which there are Therapeutically Equivalent alternatives available.
- A Prescription Drug Product with either: an approved biosimilar, a biosimilar and Therapeutically Equivalent to another covered Prescription Drug Product.
- Diagnostic kits and products.
- Publicly available software applications and/or monitors that may be available with or without a Prescription Order or Refill.
- Certain Prescription Drug Products that are FDA approved as a package with a device or application, including smart package sensors and/or embedded drug sensors.

UnitedHealthcare does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator

UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services,
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LŪ Yǐ: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어 (**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

توضيح: خدمات الترجمة متاحة مجاناً (**Arabic**)، لأي شخص يتحدث اللغة العربية. يمكنك الاتصال بالرقم المجاني على بطاقة هويتك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (**Italian**), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (**Hmong**), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ΠΡΟΣΟΧΗ : Αν μιλάτε Ελληνικά (**Greek**), υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό που θα βρείτε στην κάρτα ταυτότητας μέλους.

PAKDAAR: Nu saritaem ti Ilocano (**Ilocano**), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'odí ninaaltsoos nítł'izi bee nééhozinígíí bine'déé' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

OGOW: Haddii aad ku hadasho Soomaali (**Somali**), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

ગુજરાતી (Gujarati): ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વગરના મૂલ્યે પ્રાપ્ય છે. મહેરબાની કરી તમારા આઈડી કાર્ડની સૂચિ પર આપેલા સભ્ય માટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.